

APPLICATION FOR MOTOR CARRIER CERTIFICATE
Before the
ALABAMA PUBLIC SERVICE COMMISSION

This Application should be typed or neatly printed, properly signed and sworn to, and filed with the **\$100.00** filing fee with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

SECTION I

Applicant _____
(Legal name)

Doing Business as _____
(Trade name)

Business Address _____
(Street, Highway, or Rural Route and Box Number)

(City) (State) (Zip Code) (_____) _____
(Telephone Number)

_____ Applicant seeks a Certificate to transport household goods between all points in the State of Alabama, except (list any exceptions)

SECTION II

FORM OF BUSINESS (Check only one):

_____ CORPORATION. State of Incorporation _____

(Registered with the Alabama Secretary of States office)

_____ YES _____ NO

(Out of state corporations must register with the Alabama Secretary of State.)

_____ PARTNERSHIP. Identify partners _____

_____ SOLE PROPRIETORSHIP.

If you have been issued a U.S. D.O.T. number, MC number, or Alabama Public Service Commission Permit or Certificate number, provide it here: _____

Copy of Articles of Incorporation or Certificate of Incorporation is attached as Appendix "A" or is already on file with the Alabama Public Service Commission.

Applicant proposes to use approximately (number of) _____ motor vehicles of the kind and type described in Appendix "B" hereto attached. (Give detailed description showing type, make, model, and rated capacity).

SECTION III

_____ Applicant has the required insurance and Forms E and H proof of coverage properly filed with the Commission, or Forms E & H are attached hereto.

_____ \$100.00 filing fee paid (cashier's check or money order only)

_____ A financial statement (balance sheet and income/expense statement) for the most recent tax year is attached hereto as Appendix "C".

_____ Applicant has a single state registration receipt or has attached hereto a Form B-2, application for registration number.

SECTION IV

_____ Applicant has a safety fitness rating from the United States Department of Transportation of satisfactory as shown by Attachment "D".

OR

_____ Applicant has attached as Appendix "D" a description of its safety program that shows compliance with requirements of the Commission's rules and/or the rules of the United States Department of Transportation.

SECTION V

_____ Applicant has attached its tariff showing the rates, charges, rules and practices for its household goods moving service and the services provided in connection with the moving services, or a power of attorney issued to a tariff publishing association.

SECTION VI

Applicant understands that the filing of this Application does not, in itself, constitute authority to operate; will submit such additional information in connection with this Application as the Commission may require; and will comply with requirements of the laws of the State of Alabama, and the rules and regulations of the Commission made thereunder, as are applicable to intrastate transportation of property.

SECTION VII

Name and address of the contact person that can answer questions about this application or supply additional information:

(Name)

(Address)

(City) (State) (Zip Code)

(Telephone Number)

OATH

COUNTY OF _____

STATE OF _____

Name of Affiant _____ being duly sworn, states that he/she files this Application as (indicate whether owner, or proprietor, title as officer of applicant corporation or association, member of applicant partnership, or other _____ authorized _____ representative _____ of _____ applicant) _____ that in such capacity, he/she is qualified and authorized to file and verify such Application; that he/she has carefully examined all the statements and matters contained in the Application, and that all such statements made and matters set forth herein are true and correct to the best of his/her knowledge, information and belief.

(Signature of Affiant) _____

Subscribed and sworn to before me, a _____ in and for said State and County above named, this _____ day of _____, _____.

(Notary Public) _____

(Seal)

My Commission Expires: _____